

# Chemical Dependency/Substance Abuse Detoxification

**Policy Number:** BIP035.L

**Effective Date:** September 1, 2024

[Instructions for Use](#)

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| Related Benefit Interpretation Policies   |
|---|
| <ul style="list-style-type: none"> <li><a href="#">Medical Necessity</a></li> <li><a href="#">Chemical Dependency/Substance Abuse Rehabilitation</a></li> </ul> |

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Members may have additional benefit coverage for alcohol and/or substance abuse detoxification. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility. Also refer to the behavioral health supplement to the EOC.

Medical detoxification is the medical treatment of withdrawal from alcohol, drug or other substance addiction and is covered.

- Inpatient coverage**  
 Alcohol and/or substance abuse detoxification in an acute care setting is covered for the acute stage of alcohol or substance abuse withdrawal when medical complications occur or are highly probable.
  - The inpatient hospital stay may be extended when medically necessary (refer to the Benefit Interpretation Policy titled [Medical Necessity](#)).
  - There are no limits to the number of treatment episodes per year for detoxification.
- Outpatient coverage**  
 Medically necessary alcohol and/or substance abuse detoxification is covered. In most cases of substance abuse and/or alcohol and/or alcohol toxicity, outpatient treatment is appropriate unless another medical condition requires close inpatient monitoring.
- Methadone** maintenance treatment is covered and requires prior authorization.

## Not Covered

- Acute inpatient detoxification for the main purpose of removing the member from his/her environment to prevent access to alcohol and/or substance abuse

- Chemical or electrical aversion therapy
- Electro-shock therapy, also known as electro-convulsive therapy (ECT), as treatment for alcoholism and/or chemical dependency
- Meals, transportation, and recreational/social activities for outpatient hospital services
- Non-medically necessary services required by the court as part of parole or probation, or instead of incarceration
- Employer requested substance abuse testing
- Rapid anesthesia opioid detoxification
- Services that are not medically necessary for the treatment of substance abuse disorders

## Policy History/Revision Information

| Date       | Summary of Changes  |
|------------|---|
| 09/01/2024 | <b>Supporting Information</b> <ul style="list-style-type: none"> <li>• Removed <i>Definitions</i> section</li> <li>• Archived previous policy version BIP035.K</li> </ul> |

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.